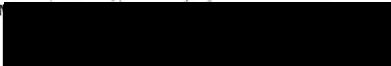
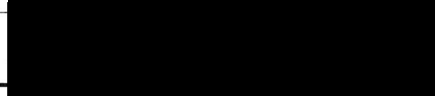
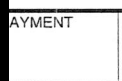


(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) Monthly Amtrak passes for travel between residence and HQ.	(12) NORMAL WORK HOURS	
	(13) PRIVATE VEHICLE LICENSE NUMBER	
	(14) MILEAGE RATE CLAIMED	
	AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER	
(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to, or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.		
CLAIM 	DATE 12/5/11 	PAYMENT 
(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)		DATE 11 Dec 2011